

Rev. 10/25/2007

Name(s) as shown on Page 1	Your Social Security Number
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## Non-Wage Income

Column O CITY	C O D E	Column P INCOME (OR LOSS) FROM FEDERAL SCHEDULE C AND/OR F - <b>ATTACHED</b>	Column Q RENTAL INCOME (OR LOSS) FROM FEDERAL SCHEDULE E - <b>ATTACHED</b>	Column R OTHER INCOME FROM FEDERAL PARTNERSHIP K-1 - <b>ATTACHED</b>	Column S TOTAL OTHER INCOME (OR LOSS) IF GREATER THAN ZERO, CARRY TO PAGE 1, COLUMN C.

## Claim for Refund and Adjustments to Taxable Wages

Reason for Adjustment (Explain fully)	Resident Address for this period
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### Part 1 Adjustments to Taxable Wages

1. If you are claiming employee expenses from Federal Form 2106, enter your total wages from that job here. Do not include wages included on Lines 14 or 23 below. See instructions.....	1		
2. Employee business expenses from Federal Form 2106. Do not include 2106 expenses reported on Lines 15 or 24 below. <b>Attach a copy</b> of the 2106 and Federal Schedule A. See instructions.....	2		
3. Subtract Line 2 from 1. If less than zero, enter zero. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....			3
4. If you were under the age of 18 for all or part of the year, enter your total wages for the year.....	4		
5. Wages earned while under the age of 18. <b>Attach a copy</b> of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday. Enter date of birth here: .....	5		
6. Subtract Line 5 from 4. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....			6
7. If city tax was improperly withheld from your wages, enter your total wages from that employer ....	7		
8. Income upon which tax was improperly withheld by employer. <b>Complete Part 2 below</b> .....	8		
9. Subtract Line 8 from 7. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned .....			9
10. If city tax was improperly withheld from your wages, enter your total wages from that employer ....	10		
11. Income from short-term disability withheld by employer after 7/1/07 .....	11		
12. Income from long-term disability withheld by employer .....	12		
13. Subtract Lines 11 and 12 from 10. <b>Complete Part 2 below</b> .....			13
14. If you were a non-resident railroad employee or non-resident over-the-road truck driver assigned duties only within Ohio, enter your total railroad or driving wages here.....	14		
15. Enter the amount of 2106 expenses related to this income. <b>Attach a copy</b> of the 2106 & Fed Sch A	15		
16. Subtract Line 15 from 14. If less than zero, enter zero.....	16		
17. Multiply the amount of Line 16 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <b>Complete Part 2 below</b> .....			17
If you were a non-resident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 18 through 28. <b>Attach a list of the dates and locations worked out</b> . See instructions.			
18. Enter the total number of vacation days taken during the entire year.....	18		
19. Enter the total number of holidays for the entire year.....	19		
20. Enter the total number of sick leave days taken during the entire year.....	20		
21. Add Lines 18 through 20.....	21		
22. Subtract line 21 from 260 (total workdays in a year) (see instructions) .....	22		
23. Enter your total wages for this job for the year.....	23		
24. Enter the amount of 2106 expenses related to this income. <b>Attach a copy</b> of the 2106 & Fed Sch A	24		
25. Subtract Line 24 from 23. If less than zero, enter zero.....	25		
26. Divide Line 25 by the number of days shown on Line 22.....	26		
27. Enter the number of days worked in the city (Line 22 less total days worked out).....	27		
28. Multiply Line 26 by Line 27. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <b>Complete Part 2 below</b> .....			28

### Part 2 Certification by Employer Regarding Adjustments to Taxable Wages

*Employer certification is required to claim adjustments on Lines 7 through 28 above. Your request for refund will not be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lines 7 through 28 above.*

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer ►	Employer's Phone No. (      )	Date
Official's Signature ►	Official's Name Printed	
	Title	

Form **IR-18** City of Columbus, Income Tax Division  
**Quarterly Statement of  
 Estimated Income Tax Due**

SOCIAL SECURITY NUMBER	TAX YEAR <b>2008</b>
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PAYMENT DUE ON <b>JULY 31</b>	# <b>2</b>
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NAME AND ADDRESS:

Make checks payable to: **CITY TREASURER**  
 Mail to: **Columbus Income Tax Division**  
**PO Box 182158**  
**Columbus, Ohio 43218-2158**

*Note: Do not send  
 cash through U.S. Mail*

**VOUCHER 2 - (CALENDAR YEAR - DUE JULY 31)**

1. Amount of this installment..... →	\$ _____
2. Amount of unused overpayment credit, if any, applied to this installment..... →	\$ _____
3. Amount of this installment payment (Line 1 less Line 2)..... →	\$ _____

*This form may be electronically filed and paid at [www.columbustax.net](http://www.columbustax.net)*

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Form **IR-18** City of Columbus, Income Tax Division  
**Quarterly Statement of  
 Estimated Income Tax Due**

SOCIAL SECURITY NUMBER	TAX YEAR <b>2008</b>
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PAYMENT DUE ON <b>OCTOBER 31</b>	# <b>3</b>
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NAME AND ADDRESS:

Make checks payable to: **CITY TREASURER**  
 Mail to: **Columbus Income Tax Division**  
**PO Box 182158**  
**Columbus, Ohio 43218-2158**

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 cash through U.S. Mail*

**VOUCHER 3 - (CALENDAR YEAR - DUE OCTOBER 31)**

1. Amount of this installment..... →	\$ _____
2. Amount of unused overpayment credit, if any, applied to this installment..... →	\$ _____
3. Amount of this installment payment (Line 1 less Line 2)..... →	\$ _____

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Form **IR-18** City of Columbus, Income Tax Division  
**Quarterly Statement of  
 Estimated Income Tax Due**

SOCIAL SECURITY NUMBER	TAX YEAR <b>2008</b>
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PAYMENT DUE ON <b>JANUARY 31, 2009</b>	# <b>4</b>
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NAME AND ADDRESS:

Make checks payable to: **CITY TREASURER**  
 Mail to: **Columbus Income Tax Division**  
**PO Box 182158**  
**Columbus, Ohio 43218-2158**

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 cash through U.S. Mail*

**VOUCHER 4 - (CALENDAR YEAR - DUE JANUARY 31, 2009)**

1. Amount of this installment..... →	\$ _____
2. Amount of unused overpayment credit, if any, applied to this installment..... →	\$ _____
3. Amount of this installment payment (Line 1 less Line 2)..... →	\$ _____

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